



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Gentili House
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Short Notice Announced
Date of inspection:	17 September 2020
Centre ID:	OSV-0002093
Fieldwork ID:	MON-0030456

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Gentili House is a designated centre operated by ChildVision Company located in North County Dublin on the grounds of the ChildVision campus. It provides a residential service to up to six young adults with a vision impairment and additional disabilities. This centre provides the residential service from Sunday to Friday during school term time, September to May/June. The designated centre is a two storey house which consisted of a sitting room, a kitchen, a dining room, a sensory room, eight individual bedrooms, a number of shared bathrooms, an office and a laundry room. The centre is staffed by the person in charge and social care workers. Nursing support is provided through an on-call system.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 17 September 2020	10:00hrs to 16:30hrs	Conan O'Hara	Lead

## What residents told us and what inspectors observed

At the time of the inspection, residents were accessing the service on reduced basis due to COVID19. Three of the five residents had returned home the day before the inspection. The other two other residents were attending their lifelong learning course and returned to their homes in the afternoon of the inspection. However, the inspector had the opportunity to meet with two of the residents availing of the service and their representatives over a video call.

The residents who spoke with the inspector said they liked their time in the designated centre and spoke positively about the staff team. The residents told the inspector how they spent their time relaxing, listening and playing music and accessing the community. In addition, the inspector observed positive feedback about the service from questionnaires completed by residents and their representatives as part of the service's Annual Review 2019.

## Capacity and capability

Overall, the inspector found that the the local governance and management arrangements demonstrated capacity and capability to deliver a good quality service to the residents. However, the governance and management of the centre required improvement in relation to fire safety management.

The designated centre had a defined governance and management structure in place. The service was managed by a full-time, suitably qualified and experienced person in charge. The person in charge also demonstrated a good knowledge of the residents and their support needs. There were arrangements in place to monitor the quality of care and support at the centre. The quality assurance audits included six-monthly unannounced provider visits and an annual review for 2019. While, the last six monthly unannounced provider visit had been completed in November 2019, the inspector was informed that the six monthly unannounced visit planned for April 2020 was deferred as the designated centre was closed for a number of months since March 2020 due to COVID-19. These audits identified areas for improvement and action plans were developed in response.

However, the inspector found that the management systems in place did not address an identified area for improvement for a prolonged period of time. For example, the previous inspection identified that improvements were required in relation to the containment of fire (wedging of fire doors) and this issue remained ongoing at the time of this inspection. The inspector was informed that the service being offered currently in Gentili House was due to be transferred to a new premises in 2019. As part of this transfer, the areas for improvement in relation to

fire containment would be addressed. The provider was in ongoing discussions to clarify the situation with the new premises.

There was a planned and actual roster maintained by the person in charge. The inspector found that there was a stable and consistent staff team in place, and some staff had worked in the centre for a number of years. From a review of a sample of rosters, it was evident that there was sufficient levels of staffing to meet the assessed needs of the residents at the time of the inspection. The provider had ensured continuity of care through covering long term leave with regular relief staff. Staff spoken with felt supported by the person in charge and the governance structure.

There were systems in place for the training and development of the staff team. From a review of a sample of staff training records, the inspector found that, for the most part, the staff team had up-to-date mandatory training including medication management, fire safety and safeguarding vulnerable persons. There was evidence that refresher training was scheduled as required. This meant that the staff team had up to date knowledge and skills to support service users with their identified needs.

The inspector reviewed a sample of incidents and accidents occurring in the designated centre and found that they were notified to the Chief Inspector as appropriate.

#### Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced person in charge. The person in charge demonstrated a good knowledge of the residents and their support needs.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of the staff was appropriate to the number and needs of the residents. Planned and actual rosters were maintained and available in the designated centre.

Judgment: Compliant

## Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team had up to date knowledge and skills to support service users with their identified needs.

Judgment: Compliant

## Regulation 23: Governance and management

The centre had a defined governance and management structure in place. There were arrangements in place to monitor the quality of care and support in the centre including six-monthly unannounced provider visits and an annual review for 2019. However, an area for improvement had not been addressed for a prolonged period of time.

Judgment: Not compliant

## Regulation 31: Notification of incidents

Incidents and accidents were notified as appropriate to the Chief Inspector.

Judgment: Compliant

## Quality and safety

The registered provider and person in charge had demonstrated capacity and capability to monitor the designated centre which resulted in a person-centred service for residents. Residents spoken with said they liked spending time in the designated centre and had a good relationship with the staff team. However, improvement was required in relation to fire containment, premises and personal plans.

The inspector completed a walk through of the designated centre accompanied by the person in charge. The centre consisted of a two storey house. The consisted of a sitting room, a kitchen, a dining room, a sensory room, eight individual bedrooms, a number of shared bathrooms, an office and a laundry room. Overall, the designated centre was homely and well maintained. However, some areas of

paint in the centre required attention.

There were systems in place for fire safety. There was suitable fire safety equipment in place including an alarm, fire extinguishers and emergency lighting in place which were serviced as required. However, on the day of inspection, the inspector also observed a number of fire doors were wedged open which negated the purpose of the fire door in the event of a fire. The inspector identified the wedges to the person in charge and they were removed on the day of the inspection. This was also identified as an area for improvement at the time of the last inspection. Each resident had a Personal Emergency Evacuation Plan (PEEP) in place which outlined the supports for each resident to evacuate the designated centre. However, the arrangements in place for evacuating all persons in the event of a fire and bringing them to safe locations required improvement. For example, the last fire drill took place in November 2019. As noted, the centre closed in March 2020 due to COVID-19 and the provider had plans in place to carry out a fire drill.

The inspector reviewed a sample of personal plans and found that there was an up-to-date assessment of need in place. The assessment identified residents' health and social care needs and informed residents' personal support plans. Personal plans reviewed were up-to-date and guided the staff team in supporting the residents with their assessed needs and goals. The residents were given appropriate support to enjoy best possible health while attending the service. Overall, their healthcare needs were appropriately identified and care plans were in place to guide staff in supporting the residents with their healthcare needs. However, one health care plan required review to ensure the staff team were appropriately guided in supporting a resident with an identified health care need.

Residents were supported to manage their behaviours and there were positive behaviour support plans in place as required. The inspector reviewed a sample of behaviour support plans and found that they were up-to-date and contained appropriate information to guide the staff team. There was evidence that residents were supported to access allied health professional supports where required. The centre promoted a restraint free environment and at the time of the inspection no restrictive practices were in use in the centre.

There were systems in place to safeguard residents. The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were appropriately managed and responded to. Residents spoke positively about their time in the designated centre and support provided by the staff team. Staff spoken with were knowledgeable of safeguarding and on what to do in the event of a concern.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The centre maintained an up to date risk register which detailed centre specific risks and the measures in place to manage the identified risks. In addition, individual risk assessments were also in place for identified risks including behaviour and mobility.

The provider had ensured that systems were in place for the prevention and

management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19. For example, developed contingency plans for staffing and the isolation of residents if required. There was a folder with information about COVID-19 and infection control guidance and protocols for staff to implement while working in the centre. The inspector observed that personal protective equipment including hand sanitizers and masks were available in the centre.

### Regulation 17: Premises

The designated centre was well maintained and decorated in a homely manner. However, some areas of paint in the centre required attention.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and management of risks associated with infection.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety. However, improvements were required in:

- the arrangements for reviewing fire precautions,
- and the containment of fire (fire doors wedged open).

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

There was up-to-date assessment of needs in place in place which identified residents' health and social care needs and informed residents' personal support plans. However, one personal plan required review as outlined in the report.

Judgment: Substantially compliant

### Regulation 6: Health care

The residents healthcare needs were appropriately identified and the residents were given appropriate support to enjoy best possible health while attending the service.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were positive behavioural supports in place for residents where required which were up-to-date and guided the staff team in supporting residents.

The centre promoted a restraint free environment and at the time of the inspection no restrictive practices were in use in the centre.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents. Residents spoken with said they were happy in the service and felt safe.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Gentili House OSV-0002093

Inspection ID: MON-0030456

Date of inspection: 17/09/2020

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Despite ChildVision's efforts to do so, the continued occupancy of the premises remains to be resolved between ChildVision and the owners of the premises. This notwithstanding and whether or not ChildVision retains the use of the premises, automatic door closers will be installed as a matter of priority thereby obviating the use of door wedges to facilitate movement around the downstairs area by a service user who is in a wheelchair. Expected completion date: 31st October 2020.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Some painting work is already scheduled. Expected completion date: 31st October 2020.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Further to the plan outlined in respect of Regulation 23, additional measures have already been completed, specifically, fire escape railings and steps have been edged with</p>	

high visibility paint and two evening fire drills have taken place. A revised schedule of fire drills has also been initiated. Partially complete.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The plan identified by the inspector as requiring additional detail in respect of specific signs and symptoms of a medical condition has now been amended to address the matters indicated by the inspector. Complete.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/10/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	31/10/2020
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/10/2020
Regulation	The registered	Not Compliant	Orange	06/10/2020

28(3)(a)	provider shall make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	06/10/2020